DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2010 FORM APPROVED OMB NO. 0938-0391

F 000 INI F 000 INI Dui Hea #TI inve to t Rec F 371 483 SS=F The (1) con auti	REGULATORY OR L	NTER ATEMENT OF DEFIC Y MUST BE PRECE SC IDENTIFYING II	OFO BY FULL	•	TREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211 PROVIDER'S PLAN OF CORRECT	`	6/2010
F 000 INI Con auti	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	NTER ATEMENT OF DEFIC Y MUST BE PRECE SC IDENTIFYING II	CIENCIES DED BY FULL	ID PREFIX	421 OCALA DRIVE NASHVILLE, TN 37211 PROVIDER'S PLAN OF CORRECT	`	6/2010
F 000 INI Dut Jar He: #TI inve to t SS=F The (1) con auti	REGULATORY OR L	Y MUST BE PRECE SC IDENTIFYING II	OFO BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT		_
During Jar Hei #TI involve to		TS		į	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDRE !	(X5) COMPLETION DATE
F 371 483 SS=F The (1) con	· •	-		F 000		<u> </u>	
F 371 483 SS=F The (1) con	nuary 4, 2010 to	January 6, 201	y conducted on O. at Bethany		base slot were cleaned during the inspection,		1/22/2010
F 371 483 SS=F The (1) con	alth Care and Re N00021809 and estigated. No de the complaints ur	ehab, Complair #TN00023921 ficiencies were	its were cited in relation		The griff trough and trough siat w cleaned during the inspection.	rere	ŧ
(1) con autt	quirements for Li 3.35(i) SANITAR	ong Term Care	a. İ	F 371	Stitutes and an arrange	:	
aun	e facility must - Procure food fro sidered satisfact	m sources app tory by Federal	roved or State or local	*	order of the dish machine was contacted on 1/4/2010 following discovery. The boiler was turned u		
und	horities, and Store, prepare, o ler sanitary condi	listribute and s	1	İ	140 to 160 degrees as a temperary on 1/04/2010. The plates, cups,		
		-			and utensils were rewashed.	į	
· :					The machine was reconfigured during the annual inspection by	1	*comp
: by:	REQUIREMEN				the maintenance department removing the mixing valve		
and dieta	ed on observation staff interview, the ary equipment in	he facility failed a sanitary mar	to maintain		and directing the hot water line from boiler directly to the dish machine on $1/5/2010$.	r the	
ine t	perate the low te manufacturer's re	ecommended t	emperature.		As an additional precautionary measu	не,	ŧ
Obse	findings included ervation of the fa	cility dietary de	partment on		a plate and a glass from the kitchen were send to the lab for evaluation and testing to ensure the safety of		
Janu Dieta	lary 4, 2010, beg ary Manager pre- aled the following	inning at 10:10 sent during the	a.m., with the		the residents. The laboratory results were listed as "No Growth" on the	:	
; heav		_ •	i . i	Ì.		. :	j
ORATORY DIREC	can opener blad ry, sticky, black o al shavings on the	colored build-ur	ese slot had a of debris with	; i	Preparation and submission of this plan of correct not constitute an admission or agreement by the p that a deficiency exist. The plan of correction is and submitted as a requirement under state and fe	provider	

iny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the afeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 1. 3 the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 systollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

DRM CMS-2567(02-99) Previous Versions Obsolete

Event ID: KB6011

Facility ID: TN1903

If continuation sheet Page 1 of 4

615-833-9407

DEPARTMENT OF HEALTH AND JUMAN SERVICES

ΞD 91

CE	NTERS FOR MEDICAR	E & MEDICAID SERVICES			FOR	M APPROVE	
STAT	EMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) be	In Tible Course	OMB N	O. 0938-039	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED	
١.		445159	B. WN	G	1		
MAM)	E OF PROVIDER OR SUPPLIER		<u> </u>		01/	06/2010 -	
1 .	THANY HEALTH CARE C	:		STREET ADDRESS, CITY, STATE, ZIP CO 421 OCALA DRIVE)DE		
- X4	D/C SUMMARY ST	ATEMENT OF DEFICIENCIES	<u> </u>	NASHVILLE, TN 37211			
PRI	EFIX (EACH DEFICIENC AG REGULATORY OR I	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	CHAILA DE	(X5) COMPLETION SATE	
F	371 Continued From pa	3ge 1	F 37	All other Dietary equipment			
	The grill trough and	trough slot had a heavy		will be cleaned and then chec	kad	1	
	pung-up of blacken	ed debris.	Ì	by the Director of Dietary to		:	
	the intenot of the	dish machine doors had a	!	ensure compliance with the		•	
	heavy, sticky, white	coloted britig-fib	•	requirements of F371 for thre	<u>.e</u>	:	
	Interview with the D	letary Manger, present during	į	manths or until compliance is		•	
	nie observation ou	January 4, 2010 heringing at		mabitained.			
	(U.TU 8.M., CONTIME	ed the can opener hisde		The boller temerature was			
base, and base slot had a heavy, sticky, black colored build-up of debris with metal shavings on the build-up. Further interview confirmed the gritt				also reviewed by the			
			.	maintenance staff to ensure			
	trough and trough slot had a heavy build-up of			output temperatures would			
DIACKERED DEDNS and the interior of the dish				equate to 125 degrees or highe	or.		
	machine doors had build-up.	a heavy, sticky, white colored		for the dish mathine.		· <u>-</u>	
1	·			The Director of Dietary will		:	
*	Observation of two of	fish machine operations on		In-service and educate staff		'	
	January 4, 2010, bed	ginning et 10:25 a m		members responsible for the		`~-	
	revealed wash temp	eratures of 84 and 92		cleaning of the can opener,		}	
ŧ	oegrees Fanrenheit:	and rinse temperatures of 92		grill trough and trough slot,			
	fecommended tempo	renheit. The manufacturer's eratures were 125 degrees		and the monitoring of the	:		
	minimum for wash a	nd rinse cycles.		dish machine water temperature	s.	}	
					}	İ	
	Review of the facility Dishmachine Temps	rature Chart, dated January		The Director of Dietery or his	:	-	
	2010, revealed wash	temperature, rinse or ppm		designed will manitor the	:	1	
	(parts per million) and	staff initials for "AM Staff"	ļ	the can opener blade, base,	1	ļ	
	(Dreakfast), "Noon S	taff" (lunch) and "PM Staff"		base slot, grill trough, and trough		j	
	(Supper) for each day	of the month. Further		slot on a daily basis and documen	t .	1	
	recording of 150 docume	ent revealed a total of ten	,	to ensure the proper condition		. }	
	Transmit of 190 0600	ee wash temperature and	i	of all sald thems]	

50 rinse or ppm from January 1, 2010, AM Staff,

Interview with the Dietary Manger, present during

the observation of the dish machine observation

on January 4, 2010, at 10:25 a.m., confirmed the

through January 4, 2010, AM Staff.

of all sald items.

Preparation and submission of this plan of correction does

not constitute an admission or agreement by the provider that a deficiency exist. The plan of correction is prepared and submitted as a requirement under state and federal law.

BETHANY HEALTH CARE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/08/2010 FORM APPROVED

<u>CEN</u>	ITERS FOR MEDICARI	E & MEDICA	D SERVICES	•		FO	RM APPROVE	
STATEMENT OF DEFICIENCIES (Xt) PROV		(X1) PROVIDE	R/SUPPLIER/CLIA ATION NUMBER:	- 1	(XZ) MULTIPLE CONSTRUCTION A. BUILDING		OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
i			445159	B. WIN				
NAME	OF PROVIDER OR SUPPLIER						1/06/2010	
}	ANY HEALTH CARE CE	NTER			STREET ADDRESS, CITY, STATE, ZIP C 421 OCALA DRIVE NASHVILLE, TN 37211	ODE		
(X4) PREF TAC	X (EACH DEFICIENC)	ATEMENT OF DEI Y MUST BE PREC SC IDENTIFYING	FRED BY FULL	(D PREFIX) TAG	PROVIDER'S PLAN OF CO	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F3	71 Continued From pa	ne 2					· 	
	wash temperature v		oo Enhantes	F 3	designee will movitor and	nis	•	
	and the rinse tempe	rature was 9	es ranrennen 4 deorses		initial off on the record of			
1	hanrenheit. Contini	ued interview	revealed the	Ì	dish machine temperature	_		
•	dietary staff records	ed the wash it	embereture and	ļ	daily to ensure proper	•	1	
	tue bbw tenet turee	times daily.	Further interview					
_	confirmed the Janua Temperature Chart	879 2070, DISI bed 150 deci	nmachine		dish machine temperatures			
Į	temperature and 50	tinse ot nom	for a total of tan		Additionally, the Maintenan		•	
	recordings, from Jai	nuary 1, 2010	AM Staff	'	Director or his designee will	ł		
	through January 4, 2	2010, AM Sta	ff.		Monitor the dish machine			
	i loko silamania				weekly to ensure proper		:	
	Interview with mainte	enance staff (on January 4,		tamperatures.			
	2010, at 12:55 p.m., revealed the dietary	denatment t	nachine, ind a dan!t-d	} }				
	boiler set at 140 deg	rees Fahrent	ied a designated		A Quality Assurance study w			
	machine did not have	e a booster h	eater since it		be performed by the Dietary			
	was a low temperatu	ire machine	Further	į	monitoring the effectiveness		- i	
_	interview revealed th	e mixing valv	e on the dish		of systems currently in place			
	machine had been moved, admitting more cold water into the system, thereby lowering the wash				to ensure the cleanliness of		<u> </u>	
	and rinse temperatur	i, thereby low	oning the wash	ļ	the can opener, grill, and			
	January 4, 2010, at 1	0:25 e m	POSEIVADON ON		the correct temperature of the	ré		
F 456	483.70(c)(2) SPACE	AND EQUIP	MENT	F 458	dish machine. The findings			
SS≍E)			F 400	will be reported in the			
	The facility must main	ntain all esser	ntial		monthly Quality Assurance		į	
1	mechanical, electrical	l, and patient	care		Meeting effective January		.	
•	equipment in safe ope	erating condit	ion,		2010		I I	
							1	
	This REQUIREMENT	is not met a	E avidenced		F456 The right hand side of the			
ŧ	by;	io not met a	a evidanceu		the infinite state of the			
	Based on observation	and staff inte	rview, the		walk-in refrigerator unit		1/22/2010	
	 racility tailed to mainta 	in the inteart	y of the dietary		door jam was repaired			
	walk-in refrigerator un	it.			on 1-14-2010 by the			
	: The findings included:			į	maintenance department.		i j	
	Observation on Janua the right hand side of t	ry 4, 2010. at	10:10 a.m., of		Preparation and submission of this plan of not constitute an admission or agreement that a deficiency exist. The plan of correct and submitted as a requirement under state	by the provider		
<u> </u>			ere ventant			· www. ty-dectan 1874.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES					FORM APPROVE	
•				C	088-039 NO. 0938	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING		(X3) DATE SURVEY COMPLETED		
1	445159		B. WING		04/00/0040	
3	ROVIDER OR SUPPLIER Y HEALTH CARE CE	NTER	421	ET ADDRESS, CITY, STATE, ZIP CODE I OCALA DRIVE ISHVILLE, TN 37211	01/06/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BUP COMPLETION	
F 456	Continued From pa	ge 3	F 456			
	refrigerator unit doc	rjam, revealed rust had	•	The remaining interior	•	
	penetrated through	the wall of the unit exposing	•	infastructure of the		
,	the interior of the wa	all,	į	walk-in refrigerator unit		
•	observation on Jan	letary Manager, present at the lary 4, 2010, at 10:10 a.m.,	•	Yras inspected by the	·	
	confirmed the right	nand side of the walk-in	į	Maintenance Director	•	
	refrigerator interior door jam was rusted through			and Administrator on 1/14/2010		
	and the interior of the	e wall was exposed.		to additionally ensure		
				the structural integraty of	1	
			['	the unit.	•	
		:	j	•		
		:	í	The walloin unit will be		
₹ .	•	:	}	placed on the Maintenance	•	
		· · · · · · · · · · · · · · · · · · ·		review monthly to ensure	:	
. ₹			!	compliance with the	:	
: :				conditions of F456.		
•			1	. A Quality Assurance study		
•				will be performed		
				by the Dietary Director		
:		<u>.</u>		to additionally ensure		
				the walk-in unit meets the	•	
		:		structural standards of		
				F456 and report to findings	:	
			}	to the Quality Assurance meeting		
				monthly for three months		
•			1	or until compliance is maintained.	·	
		: .			:	
		:				
1			that	paration and submission of this plan of correctic constitute an admission or agreement by the pro- t a deficiency exist. The plan of correction is pro- submitted as a requirement under state and fede	ovider	